

# **MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
6						
7						
8	1					
9						
10		2				
11		7				
12		2				
13		1				
14		1				
15		1				
16	1					
17						
18						
19						
20						
21						
22						
23	1					
24		1				
25		2				
26		1				
27		2				
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49						
50						
TOTAL IND.	←		←		←	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS	←		←		←	

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
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100								
TOTAL IND.	←		←		←		←	
TOTAL DEP.	←		←		←		←	
TOTAL CLAIMS	←		←		←		←	